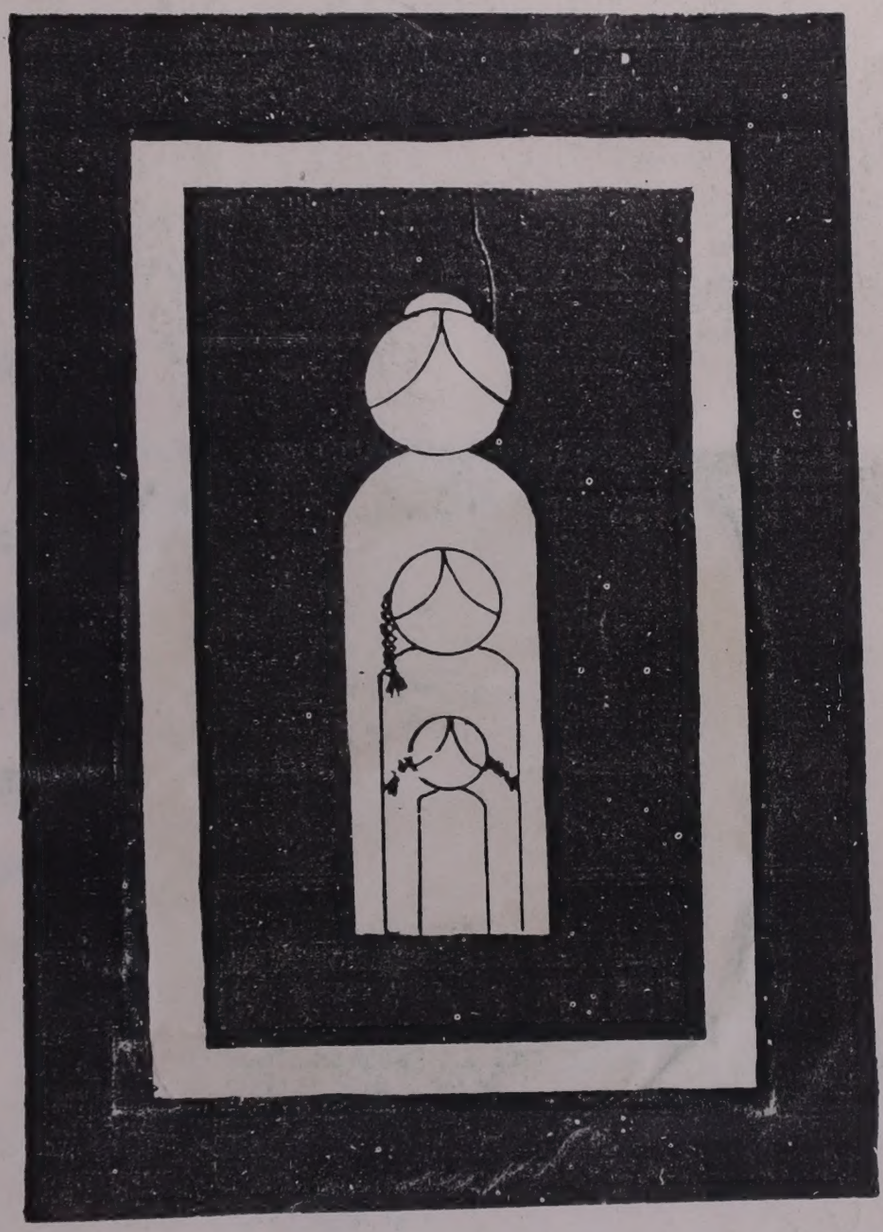
MEETING OF THE HEALTH ADVISORY TEAM OF CO-ORDINATION UNIT NEW DELHI



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Compiled by

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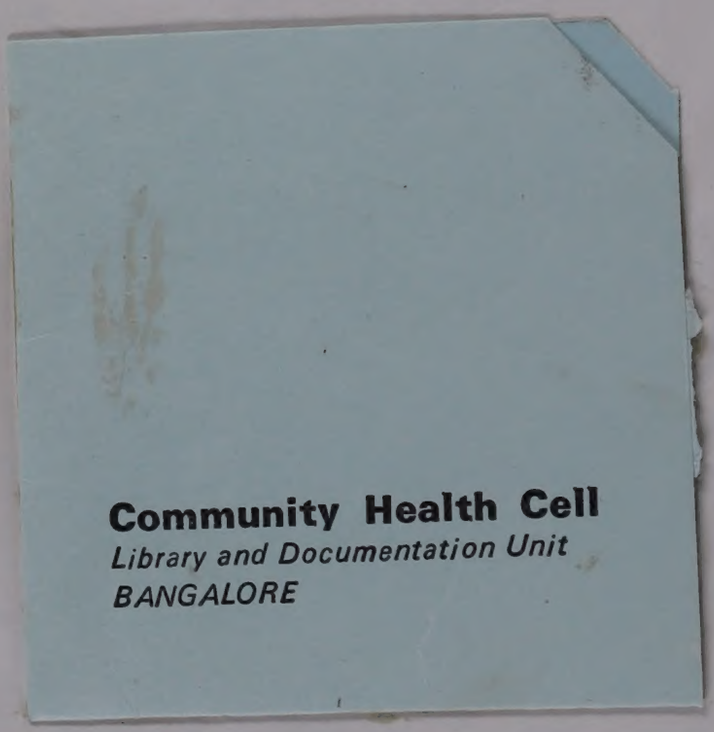

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A NOTE FROM COORDINATION UNIT .....

This is the report of the first meeting of the Health Advisory Team (HAT) constituted by the Coordinaiton Unit for the World Conference on Women - Beijing'95, New Delhi. The CU works on the belief that it is essential for women's voices from the grassroots to raise concerns about their lives and concretize them so as to move towards addressing these at home and then at the international consultations became the basis for our work on health for which we remain indebted to them.

In India several networks and groups are active on various aspects of women's health and it was only appropriate to involve their representatives from different regions of the country in HAT to contribute in giving shape to the issues identified by ordinary women. The CU is grateful to all members of the Health Advisory Team for their contribution.

Bina Srinivasan of "Swashray" Baroda was the chief rapporteur whose extensive draft became the basis of this report. Sarojini, a HAT member from Delhi made some quick sketches to make this report attractive. Marina typed several drafts painstakingly, before the report was finalized. To all of them we are thankful.

We look forward to your suggestions and cooperation for the various activities enlisted in this report.

Preeti Oza
(Convenor - Women and Health)

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BACKGROUND

Women's health needs and concerns are part of the wider social, economic, cultural, religious and political contexts within which they live and work. Arising from these differing contexts are a plethora of needs that are enclosed within diversities that make generalisations difficult. To address women's health needs at a national or even global level, and to do these needs some justice, therefore, it is imperative to take into account all these factors. Each of these dimensions impinge upon women's health and have to be included and understood if meaningful steps are to be taken in the direction of addressing these health needs.

Given the diversities that exist in and within each region of the world, it is hardly surprising that we are only beginning to understand the entire complexity surrounding and informing the health status of women. While an agricultural worker in Africa, and an adivasi woman in India or a sex-worker in the Philippines may have much in common, they have been placed in political contexts that have vastly deferring implications for their health needs. Poverty, race, caste, nationality and class contain variations of all kinds — and demands that reflect them.

A long and hard battle for women's rights in the sphere of health has finally led to a basic recognition worldwide that women's health encompasses more than reproductive health. While the focus is still disproportionately on reproductive health, both nationally and internationally, women have been able to wrest for themselves some space that allows for other aspects of women's health to be placed on the agenda. It is at least being admitted that many complexities would have to be examined even before we begin to see other dimensions of women's physical and mental health needs, although reproductive health issues hog up most attention!

The UN Fourth World Conference on Women (WCW) to be held at Beijing in Sept '95 will also attempt to expose and strategize on some of these complexities. The implications of this Conference will be far-reaching as the outcomes are bound to affect national and international policies. It is of paramount importance therefore that adequate information be available from women's perspectives and be represented at the Conference. In addition, women's health groups should also be allowed to present their viewpoints before national governments with regard to the health needs of women and the inadequacies that dog present policies and delivery systems.

Taking the UN Conference as an opportunity to formulate long and short-term programmes, to come together once again in defence of women's interests, women's health groups across the country have already begun work. The Co-ordination Unit (CU) at Delhi has been set up to facilitate interactions between women's groups, NGOs peoples groups so that their issues can be taken forward. The CU also liases with the Government to facilitate interaction with the grassroots level groups and influence the former's preparations for the Paper to be presented at Beijing. The need is, to focus sharply on what constitutes women's health needs in India, to convey this with all urgency it demands at both national and international fora and lastly to emphasize the need for a perspective more rooted in Indian women's needs before policies are formulated.

That apart, the CU also wishes to respond to the opportunity provided by the Conference by helping women's health groups to meet, plan and undertake activities around the expressed health needs of women in India.

As part of such an effort the CU has initiated an Health Advisory Team (HAT), whose first meeting took place on 30 November '94 at Baroda. This meeting was organised by Gujarat Voluntary Health Association (GVHA) Baroda, whose secretary Ms. Nimitta Bhatt is also a HAT member, and attended by health activitsts from various parts of the country, who brought with them a wide spectrum of experience and viewpoints.

The meeting dealt with strategies that could be adopted on some health issues in India as well as at the Beijing Conference to highlight the need for wider perspectives on women's health; it also focused on networking within women's health groups in the country, and on some collective activities.

II INTRODUCTORY DISCUSSIONS

The Health Advisory Team Meeting began with a round of introductions. There were 14 participants in all, from Punjab, Gujarat, Maharashta, North-East and Delhi. Most of them were activists, researchers and representatives of NGOs. All of them had in common their interests and experience in the field of women's health. (A list of the participants is attached.)

ROLE AND WORK OF CU

Discussions began with explanations and clarifications about the Co-ordination Unit (CU) and forthcoming UN Conference on Women.

The CU is an agency whose primary motive is to facilitate dialogue and involve grassroot level groups/ organisations articulating their concerns on various issues of women based on their experience and struggle so as to influence the agenda for the Fourth World Conference on Women. Donor Agencies/ Bilaterals/UN Agencies decided to pool financial and human resources to initiate broad -based processes whereby people's organisations could get involved in influencing the agenda at national and international fora. The CU is attempting to do that.

● **"What is the identity of the CU vis-a-vis the government?"**

—Vimal Balasubrahmaniam

❑ *"The CU basically feeds in responses from grassroot level bodies to the state agency and tries to seek the latest information on its preparation and stand and share it with the former. It also tries to influence the Government to take note of the concerns being raised by NGOs and women groups and motivates these groups to directly put pressure on the government."*

— Asha Ramesh

Presently there are 6 persons in the CU at Delhi: some themes have been developed along which work is organised. These are:

a) Women's Political Participation,

b) Women's Livelihoods and Economic Empowerment

c) Women's Health

d) Culture, Education, and Women's Empowerment

e) Women's Rights as Human Rights

f) Information/Documentation/Media Work.The CU has organised several state level consultations where issues on these themes get further clarified. It has helped to link up with groups and issues at various levels. At the CU the emphasis is on feedback from women's groups and NGOs, to try and input these responses to national agencies as efficiently as possible with the hope that these would be reflected in the agendas formulated by respective governmental bodies.

● **"How are women's groups identified?"**

— Mira Sadgopal

❑ *"The priority of the CU is to reach out to groups that are far-flung and in remote areas; groups that have been working for years without getting an opportunity to get involved in such processes at macrolevel. At another level, the CU also tries to involve groups with a certain perspective. To ensure that both kinds of groups are adequately represented its members travel across the country (from the North-East, to Kashmir, to the tribal belts, to the South). A CU has been set up in Bangalore to facilitate the process in the four Southern States.*

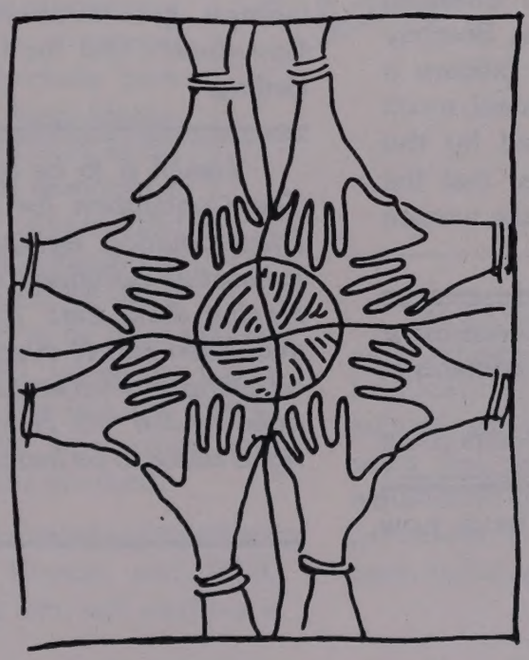
Planning is on to take ideas to grassroot women through state level network groups, workshops, training programmes and jathas."

— Preeti Oza

The CU has held country-wide consultations with NGOs, women's groups, trade unions and even some political party women. Dalit and adivasi women, Kashmiri women, women in the North-East hil women and desert women are being specially linked up for these sections have been the most deprived and thus have been a priority for the CU. The effor is to reach them through meetings and sammelans.

COUNTRY PAPER PROCESS DISCUSSIONS

The participants felt the need to understand the Government of India's (GOI) preparation for Beijing, especially in relation to its Country Paper (CP). Many participants, seemed to know bits of information while some had no idea of what was carried out. Preeti informed as to how at the National Consultation of CU in May '94 the NGO's and women's groups had confronted the Government who had made a mockery of the process of involving NGO women to help in preparing the chapters of the Country Paper. At that meeting these groups had pressed the GOI to hold meetings with women's groups and NGOs across the country to genuinely seek their views, to be incorporated in the Draft Country Paper. It had been observed that few people have been involved at the regional consultations initiated by the Government of India to finalize its country paper. The CU has been recommending NGOs/groups/individuals to the Department of Women and Child based on feedback from a large cross-section of individuals, groups and networks involved with women's health issues, and had managed to get the Government accept to call even those groups that would be critical of its stand. But efforts by the Government have been inadequate in terms of participation of women's groups. In addition, the government has, also been wary of the critical undertones in women's groups statements, and has excluded these from the documents it has prepared.



"At the Calcutta regional consultation large numbers of people were present on behalf of the government. Women's groups did not even get a chance to speak. They were told to send their recommendations in writing to the Department of Women and Child."

— Dr, Srilekha Ray

Efforts are on to incorporate into the Country Paper the suggestions that have come in from different areas. There has also been demand from some groups for drafting an alternate Country Paper. One Coalition of women's groups in Delhi has also expressed a similar need. The intention is to make the government accountable for what it says and for what it has been neglecting in terms of women's health.

The CU also is helping in the creation of pressure on the government to ensure that its response to criticism is not dismissed but incorporated.

"The Department of Women and Child can easily programme women's groups out because of their critical stances and different perspectives."

— Jayashree Velankar

The National Preparatory Committee, which has a working group of NGOs/women's groups, has supposedly edited the Draft Country Paper which has been found grossly inadequate as far as the total conceptual framework is concerned. In reality the government bureaucrats have edited the Draft.

This is an issue that has preoccupied many women's groups all over the country as most of them have responded to the Draft Country Paper with dismay. The response is that the CP is inadequate and cannot be used as a statement of women's concerns. Neither does it reflect the experiences of women in different parts of the country.

Despite the fact that women who have been long associated with the movement have been sought to prepare the CP, the end result is a much diluted version of the perspective of the women's movement. Besides, wherever notes of criticism have been discerned against the state and its policies, the CP has conveniently overlooked it.

The CP should not only be a clear statement

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depicting the real situation of women but should also have an analysis as to why this is as it is. It has to contain an evaluation of governmental programmes, its biases, its inadequacies and its consequences for women. There is also a need to go into several fundamental issues like development policies, economic models and its concommitants like structural adjustment programmes, because it is these that have a long-lasting effect on besides other aspects, the health of women,health care systems and women's access to them.

"The Government can appropriate suggestions."

—Dr. Kishwar Shiralid

Some participants expressed a need to formulate an alternate CP that would reflect all aspects strongly and with authenticity. Preeti pointed out that in CU's consultations there were two opinions on this. Many felt that the need was to press the Government to include in the official paper what the women's concerns really were while some others felt that they should develop an alternate. Jaya Velankar of FFWH reported how Dr. Armaity Desai and Lakshmi Lingam of Tata Institute of Social Sciences, Bombay had been asked by the Government to prepare a draft document on health. This draft document, much to their dismay, was drastically edited by the Government. This in fact, makes it clear that the Government has a different motive than the women they seek to represent.

"The Department in the Central Government has not even bothered to involve the Departments at state level."

— Nimitta Bhatt

Dr. Desai and Lakshmi Lingam have now circulated a five page note. After which S. K. Guha the Joint Secretary, Department of Women and Child has maintained that the drafts prepared by women's groups should be retained with minimum changes. Even while the government tries to accommodate women's voices, it is important to intensify the process. In this connection, Dr. Desai and Lakshmi are to hold a meeting in Bombay to discuss their note: the presence of all concerned is important in this meeting.

"The efforts of women's groups may go waste."

— A participant

Some suggestions for the broad based involvement of women were as follows:

Larger national consultations should be held with the intention of drawing out large numbers of women, and recommendations that ensue should be compiled by a working group decided upon in the consultations. This compilation should again be referred back to national consultation: such a process will ensure that a wide range of concerns issues and women get involved in the influencing the Government and the CP, as well as the agenda at Beijing.

"Health is to be treated as human rights issue. The Convention for Elimination of all forms of Discrimination Against Women (CEDAW) is an exhaustive document which India has also ratified. Having done that, India will have to present its evaluation report every 4 years to the Commission on Status of Women UN. This year it will have to be done by Jan '95. Here to a small section on health rights needs to be included."

— Preeti Oza

WORLD CONFERENCE IV ON WOMEN, BEIJING '95

There was some discussion on the Beijing Conference itself after this. Several queries came up which were clarified.

The Beijing process basically involves two parallel events: the NGO Forum and the official Conference. Country papers will be presented by National Governments. All UN bodies will also present papers, at the official Conference.

Regional preparatory meetings have also been held. Plans of Action are prepared at these meetings to be finalised regionally and presented at Beijing. The Asia-Pacific Conference held in Jakarta was one such preparatory meeting. Preparatory Committee Meetings (Prep Comms) are also being held, the next one being in March 1995 at New York - all organised by the U.N.

As far as participation at the Conference at Beijing is concerned, there is a process whereby participant groups/individuals have to be accredited by the UN. Accreditation forms are available from the CU as well as the UN Secretariat in New York. Two participants are allowed from each accredited organisation. Most NGOs and individuals will attend the NGO Forum as observers for which the NGO registration forms need to be filled up and sent. The registration cost is $50, which the CU is trying to negotiate downwards. The CU also tries to influence those who are funding participants, and informs people about the processes involved.

The Official Forum will have representatives from India from the Department of Women and Child, GOI and from all member states who will read out a precis of the Country Paper. However the main business there would be to ratify the Platform For Action document whose initial drafts are available for discussion.

Applications for the NGO Forum have to be in by April '95 while those for the Official Forum should be in by January '95.

The CU in its efforts, basically looks upon Beijing as a reference point which could have long-term implications. The emphasis therefore, is on networking, linking up and formulation of activity plans that can go beyond Beijing. The underlying assumption is to benefit the national and regional processes in the country and then link up to participation at Beijing.

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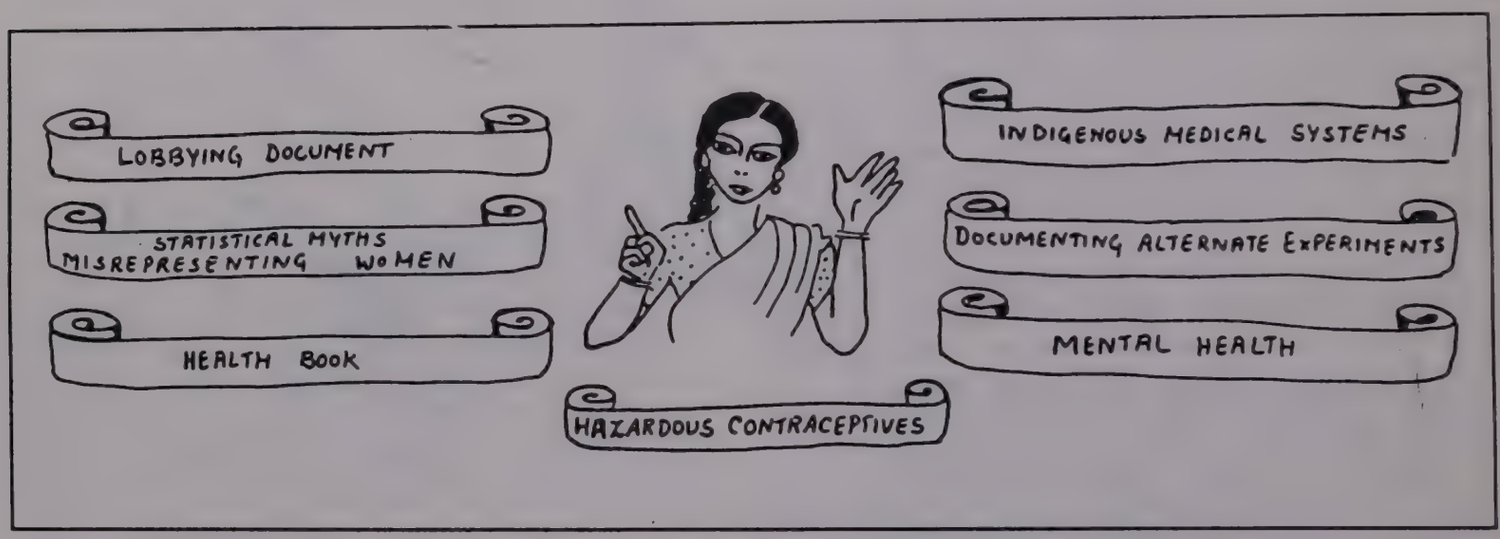
V EMERGING HEALTH ISSUES

Preeti explained that from the several grassroot level consultations some issues of Women's Health had emerged. They were discussed in the paper Health Work in CU that was distributed to all. There were in that paper, some observations about the approaches of the international health networks that were not always commensurate with the third world women,s health status and concerns especially of South Asian and African countries. Around these issues discussions were carried out.

deferring circumstances, it is the Western framework that dominates. This book, if taken to Beijing and circulated amongst participants, would have an impact and would convey very clearly what women's groups in India have articulated about health needs, in addition to creating a real understanding of the issues before women in India.

This book will initially be written in English and can be later translated into Hindi, the South Indian and other languages if so desired. It should be a



1. HEALTH ISSUE DOCUMENT/HEALTH BOOK

Preeti referred to how some groups had suggested that to consolidate issues from the grassroots and women's health groups the publication of a health issues document that would be a comprehensive document encompassing several aspects of women's health, be undertaken. The HAT members felt that to have a small document would be insignificant. It would be of a far more greater value to publish a full fledged book encompassing all aspects of Indian women's health that would be like a book for ready reference for activists.

The need for a book like this arises for several reasons. The Indian perspective of health is not emerging at all in international fora. Even while women's groups in the Asia region are struggling to emphasize that health issues on this side of the world have different context and are placed in vastly

collective process involving women who are concerned with these issues and who have been active in these areas. It should be in easy flowing language, and clear for laypersons and specialists alike. It can serve as a reference for women's health concerns and should be of a standard that libraries too can use. There should be at least 12 articles and should be completed in time for the Beijing Conference. It could then even be sold at an affordable price to women in India and at Beijing.

The next discussion centred around possible themes for the book. Malini Karkal has offered to edit this document and some articles had already been discussed with her earlier .

Several suggestions came forth as to what else could be included. Jeevanjyot felt strongly that there should be one article on bad obstetrics, history of repeated pregnancies and septic abortions. Anaemia could also be treated as a separate topic. The

concept of occupational health should be broadened so as to include housework and related problems, environmental conditions, water and sanitation facilities and access to these. Mirai Chatterji's paper on occupational health could be used either for reference or publication.

There is also a need to look at the kind of rules and regulations with regard to medical care provided for women in the organised sector. These medical care facilities are largely related to reproductive areas and have all the existing biases.

Veena Shatruguna has done a study re: Nutrition and Women in Telengana which could be updated and included. Shodhini can also share their experience of women's self help through indigenous practices.

The health system in general is not oriented to women's needs. Some other issues that need to be gone into are: over-medicalisation of health care, access to health care, class differentiation that affects provision of and access to health care, the health of disabled women and women in post-reproductive phases. Caste and class factors also impinge upon the health system as a whole.

Issues of maternity health have been highlighted repeatedly: the attempt should be to bring out other issues too. Whenever it comes to women, the Government and its health policies have downgraded women's needs. Government programmes have usually been limited to family planning. The provision of infrastructure is inadequate to deal with women's needs and also emergencies.

Reproductive health has been highlighted, but it can be seen that there are lack of services, and there exist cultural and class biases, which need to be highlighted.

Mira Sadgopal and Kishwar Shirali could write an article on women's mental health. GVHA is willing to look into health infrastructure and women's health at the level of implementation in the rural areas. Pallavi of CHETNA said that they could write on adolescent health. Health of the aged and the disabled which generally tends to get left out must be sought to be included. Anne George accepted to write on older women. Some people must be approached to be asked to write about STDs/AIDs. Rani Bang could be asked to write on reproductive health. If possible politics of health care could be an issue .

A statistical compedium of health and women should be added in the book. In addition there should also be an examination of why women's health and their needs continue to be relegated to the background and why the situation has not changed much since the 1985 Nairobi Conference.

Much has been already written on these issues and existing material could be incorporated with an editorial comment as to why in our perception the situation remains so dismal for women. The editorial should also make a mention of some health concerns in South Asia.

A working group will be formed to look into publication of the book, edited by Malini. The working group should be given the freedom to decide on other articles. A set of guidelines will be circulated to the contributors to enable them to write in accordance with the objectives of the book. Jaya of FORUM has offered to help the working group. Preeti will also be part of this. Mira, Malini and Vimal helped to formulate the guidelines.

2. STATISTICAL MYTHS MISREPRESENTATING WOMEN

Very often indicators that are being used to represent health status of women in developed countries are simply being replicated here, without a thought to vast disparities in social and economic situations. For example, in developed countries, increasing life expectancy is taken to **mean** improved life conditions. (In most cases these **correspond** to improved life conditions). In India too, the same standards are being applied, when increased life expectancy **does not** really in any way indicate improved health conditions for women. There is a need to develop alternate indicators that reflect a truer picture.

We need to expose statistics, as they inform policies on the basis of which budgetary allocations are made: demystification of statistics and de-bunking some of the myths that they create could also be an activity undertaken by HAT. For instance, posters and exhibitions could be prepared and shown at different places.

Traditional and uncreative modes of using statistics need to be changed as they do not reflect changing perceptions of women and women's health needs. Some sensational statistics can be broken down put into an analytical framework and depicted in posters.

These can be used locally, in jathas as pamphlets and so on.

FORUM, Sarojini (Shodini), VHAI could be approached to help in this work. They could help develop themes for the exhibition, work out the finances involved, and co-ordinate its production.

3. LOBBYING DOCUMENT

Apart from the alternate country paper, there is a need for concrete lobbying at the international fora to press for our demands and perspectives to be included in the documents. This is important as future policies at the national and international levels would be based on these documents. Besides, at the national level, women's groups would also use these conventions and resolutions for campaigns. It is only through determined and collective lobbying that a focus can be maintained in the Conference on what Indian women's groups are making a demand for. Strong formulations would have to be pushed.

At the Pre-Comm -III a lot of discussions will take place where women's groups may have to trade-off some formulations for others. Despite that, we should clearly state the non-negotiables and remain firm on these.

80% of the final document would be agreed upon at the Preparatory Committee Meeting. This draft would be ready by March.

We should critique international documents on women's health with the objective of lobbying. This critique can also be circulated in the form of pamphlets to participants and to women's groups in the country.

All these exercises at the national and international levels should be ideally sought to be linked together. Recommendations and/or additions should be formulated in a manner that suits the international framework so that work need not be duplicated at the Conference.

The name of Dr. Imrana Qadeer of Centre Social Medicine and Community Health JNU, New Delhi was suggested to co-ordinate this effort. It was felt that there was a core group in Delhi consisting of Dr. Sathyamala from MFC, Saheli, Jagori and other NGOs and women activists who could ably contribute to this effort. Preeti would contact them.

4. INDIGENOUS MEDICAL SYSTEMS

Despite the existence of indigenous medical systems like herbal medicines, Ayurveda and so on, it is allopathy that has been established and promoted by the state. Allopathic systems are mired in a power system defined by patriarchy and monetary percepts that removes health care from within the reach of most women. Besides, the allopathic system also enhances the class and caste prejudices that form women's contexts and takes away from them whatever little control they can exercise over their own bodies and health needs.

Power structures inherent to the present health care systems, the changes that requires to be made in these, the use of technology as a disempowering agent, information dissemination, alternate systems, issues of access and control all need to be analyzed and an overview of how these impinge on the status of women's health needs to be looked at and presented as issues for debate.

While on the one hand, traditional systems have allowed women to have greater control, we also need to honestly examine why people are still going in for allopathic treatment. We should not get into a dead-end where we are romanticising indigenous systems when people, including women are opting for the relatively quicker and more efficient system of medical care offered by allopathy.

We have to recognise that modern medicine does respond to far greater needs than indigenous systems. Ayurveda has also been commercialised and besides, it also has distinctly anti-women aspects. There is need for balanced understanding on this.

To begin with we can look at traditional systems of knowledge especially when this knowledge is vested in women. There are several groups in Gujarat and in the South that are involved in this area. A meeting should be held to establish initial contact and develop activities for future. There could also be series of meetings to discuss alternatives and the perspectives that underlie these.

CHETNA can help to organise one such meeting. Shodhini can also help (to see the gender orientation to this) jointly with other groups. These meetings could help to bring people together and talk about the issues involved, highlight the advantages and disadvantages of both traditional systems of health care and share to see how much those practicing indigenous systems have considered the gender issues involved in them.

5. DOCUMENTING ALTERNATE EXPERIMENTS

Preeti explained that in many a state level

meetings it was felt that the problems in the area of women's health were amply identified. It was also important to study the alternatives being tried and experimented in different areas of health and various regions. These are mainly, systems that have been set up by the people - women and men. For instance the Shahid Hospital established by the CMMS in Chattisgarh, where women-centred services are being provided for and where women have a say in the planning and the execution of these was sighted. In fact two women from Chhattisgarh Mahila Mukti Morcha were invited on the HAT.

Another example is of the health co-operatives that have been set up by SEWA Ahmedabad. Groups of women are trained in these co-operatives, the village people pay for health insurance. The women who have already been trained help to train others. This ensures that people's health can be taken care of.

There are essential drug counters where young girls and women are trained in pharmacy. SAARTHI in the Panchmahals, Gujarat has also trained barefoot doctors. These are initiatives that are worth studying with an idea to share about these experiments and learn and try to replicate them in different parts of the country.

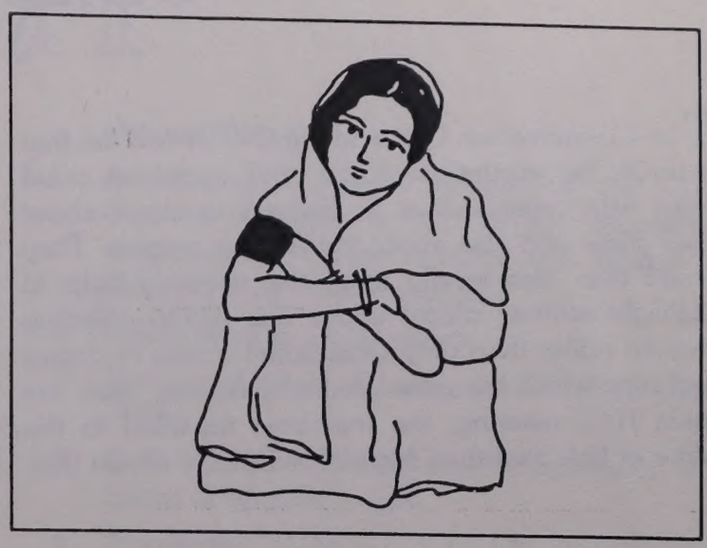
Various people can be approached to help. Sarojini said she would help facilitate the documentation of these initiatives and to study existing documentations.Other groups doing documentation can also be involved.

6. MENTAL HEALTH

On the issue of mental health, we need to be more specific about what we mean. On the one hand, we reject existing constructs of mental health as these are male constructions that only take into account intellectual capacities and so on. But women refer to the entire emotional well-being of a person, which include all aspects that affect us as human beings.

A National Policy on Mental Health is being formulated. We need to be careful in defining what we mean by mental health. Mira Sadgopal and Kishwar Shirali have done some work on this. The construction of women's self-images is dependent upon the symbols used by religion and society. This has a direct bearing on women's emotional well-being and their capacity to deal with situations. The internalisation of patriarchal norms by women also hampers them from working in their own interests.

A series of workshops can be held to look at mental stress, fragmented self-images, how the body gets further fragmented by invasive technologies and



the alternatives possible.

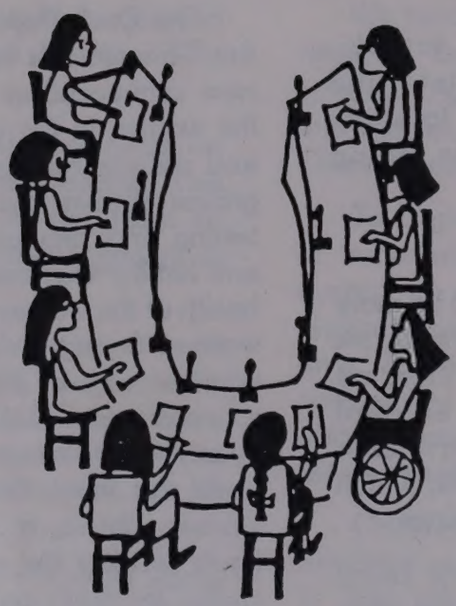
Mira Sadgopal and Kishwar Shirali will bring out an activity plan which can be further discussed and acted upon.

7. TESTING OF HAZARDOUS CONTRACEPTIVES

The Draft Population Policy in the country and the Governments keen interest in pushing a host of new contraceptives which are undergoing trails on the women in the country, has triggered of concern and debate among health activists and women's groups all over the country. The extent of risks in testing and promoting injectible contraceptive and anti fertility vaccines is of critical importance for the health of the women, especially the poor women. Are women being informed of these risks? Is the administering of these contraceptives preceded by sound advice and information in a way that ordinary, even illiterate women can understand. The need to study this interaction between the doctors and the women subjects is crucial for only then can women know whether the much claimed free and informed choice for them on the contraceptive they want to use, is being implemented in real terms or not . It will also then give the real picture of what kind of contraceptives would women really choose given all the options (in the absolute sense)? Forum For Women's Health, Bombay whose members have had a long standing experience of working on campaigns for safe contraceptives was asked to take forward this issue if possible through a study that can be jointly done with other groups with similar interest in the country.

VII OTHER EVENTS

The Co-ordination Unit and the GVHA had felt that it would be worthwhile if the HAT members could meet with organisations in Baroda to share about their plans and also about the Beijing process. They could then also briefly meet the press to help to highlight several critical issues like health affecting women rather than only sensational stories of dowry and rape which the press generally reports. After the main HAT meeting, the members travelled to the office of Lok Swasthya Mandal in Baroda where they first met with the Press and later with some women's groups and NGO's from Baroda and shared information about Beijing process and the health work plans. The participants in the meeting with groups included people from the autonomous women's group, the Narmada Bachao Andolan, women's research unit, women from trade unions who all discussed several issues that should be included in the agenda for Beijing.



VII CONCLUSION

The HAT meeting part of which continued into late hours of the night, therefore managed to concretize on the various issues that had got raised at several state level and national level meetings initiated by the Co-ordination Unit and also concerns that health groups were voicing on different ocassions. The activities were planned with the view to be of significance to women in India, and parts of which could also be represented at Beijing.

PAPERS DISTRIBUTED AT THE MEETING

1. Health Status of Women in North East.
2. Speaking notes: Global Commission on Women's health — UN.
3. Self-image and Sexuality of Kinnauri Polyandrous indigenous women - Kishwar Shirali and Niti Sain.
4. Fear of female sexuality: the Indian experience. Kishwar Shirali.
5. Advancing Women's Health in the 21st Century (Critique by CU of the document prepared by Global Alliance For Women's Health during Prep Comm-II).
6. Health work in CU: a report.
7. Analysis of Health Situation in Asia and Pacific - UN.
8. Draft Platform for Action — Commission on Status of Women — UN.
9. Programme of Action of the UN: International Conference on Population and Development (Cairo).
10. The Cairo Conference: Programme of Action for Reproductive Rights? — Centre for Reproductive Law and Policy.

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